

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44702

FILED
May 05, 2008
Secretary of State

Entity Name: TAYLOR COUNTY FLORIDA HABITAT FOR HUMANITY, INC.

Current Principal Place of Business:

115 W GREEN STREET
ROOM 208/210
PERRY, FL 32347 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1416
PERRY, FL 32348 US

New Mailing Address:

P.O. BOX 1416
OFFICE #208
PERRY, FL 32348 US

FEI Number: 59-3084471 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HANCE, CECILE N
102 BRIARWOOD DRIVE
PERRY, FL 32347 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: HANCE, CECILE N
Address: 102 BRIARWOOD DR.
City-St-Zip: PERRY, FL 32347

Title: SEC. () Delete
Name: CLARK, JAMIE
Address: 108 AIRPORT RD
City-St-Zip: PERRY, FL 32348

Title: TRES () Delete
Name: SIMPSON, EMILY
Address: 118 MARSHALL DRIVE
City-St-Zip: PERRY, FL 32347

Title: PRES (X) Delete
Name: MANTZANAS, THEOPHILOS
Address: 1450 N. JEFFERSON ST.
City-St-Zip: PERRY, FL 32347

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC. (X) Change () Addition
Name: WALKER, MARGARET
Address: 159 LEWIS DRIVE
City-St-Zip: PERRY, FL 32348

Title: E.D. (X) Change () Addition
Name: SIMPSON, EMILY
Address: 118 MARSHALL DRIVE
City-St-Zip: PERRY, FL 32347

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CECILE NEPOTE HANCE

V.P.

05/05/2008

Electronic Signature of Signing Officer or Director

Date